

Wisconsin Medicaid Pharmaceutical Care Worksheet for Payable Codes

Providers may use the following tables to assist in determining billing codes for Pharmaceutical Care (PC) dispensing fees. Not all code combinations are recognized as PC activities and not all recognized PC activities result in allowable PC dispensing fees. Pharmaceutical Care codes are only billable when they represent activity beyond that required under Omnibus Budget Reconciliation Act of 1987 (OBRA '87) and OBRA '90 and when they deal with issues of patient compliance, safety, or efficacy that result in a positive outcome.

Reason for provision of Pharmaceutical Care

<input type="checkbox"/> AD	(60)	Additional Drug Recommended	<input type="checkbox"/> LK	(66)	Lock-in Recipient ✓
<input type="checkbox"/> AN	(10)	Forgery Possible (Prescription Authentication) ✓	<input type="checkbox"/> LR	(25)	Late Refill (Under Use) ✓
<input type="checkbox"/> AR	(61)	Adverse Drug Reaction ✓	<input type="checkbox"/> MN	(30)	Insufficient Duration
<input type="checkbox"/> AT	(40)	Additive Toxicity	<input type="checkbox"/> MX	(22)	Excessive Duration ✓
<input type="checkbox"/> CD	(71)	Chronic Disease Mgt. — Asthma	<input type="checkbox"/> NN	(80)	Unnecessary Drug ✓
<input type="checkbox"/> CS	(63)	Patient Complaint/ Symptom	<input type="checkbox"/> NS	(32)	Insufficient Quantity
<input type="checkbox"/> DA	(41)	Drug Allergy	<input type="checkbox"/> PS	(17)	Product Selection Opportunity
<input type="checkbox"/> DD	(44)	Drug-Drug Interaction	<input type="checkbox"/> RE	(84)	Suspected Environmental Risk (In-home Management)
<input type="checkbox"/> DI	(45)	IV Drug Incompatibility	<input type="checkbox"/> SC	(83)	Suboptimal Compliance
<input type="checkbox"/> DM	(65)	Possible Drug Misuse ✓	<input type="checkbox"/> SE	(95)	Side-Effect Precaution (Side Effect) ✓
<input type="checkbox"/> ER	(20)	Early Refill ✓	<input type="checkbox"/> SF	(34)	Suboptimal Dose Form
<input type="checkbox"/> EX	(21)	Excessive Quantity	<input type="checkbox"/> SR	(36)	Suboptimal Regimen
<input type="checkbox"/> HD	(23)	High Dose	<input type="checkbox"/> TD	(59)	Therapeutic Duplication
<input type="checkbox"/> LD	(33)	Low Dose	<input type="checkbox"/> TN	(85)	Lab Test Needed ✓
			<input type="checkbox"/>	✓	Not Billable For Nursing Home Residents

Action taken by pharmacist

<input type="checkbox"/> AS	(20)	Patient Assessment	<input type="checkbox"/> RT	(30)	Recommend Lab Test
<input type="checkbox"/> CC	(21)	Coordination of Care	<input type="checkbox"/> TC	(15)	Payer/Processor Contacted
<input type="checkbox"/> M0	(22)	MDContacted (Prescriber Consulted)	<input type="checkbox"/> TH	(12)	Therapeutic Product Interchange*
<input type="checkbox"/> MR	(23)	Medication Review			* Action Requires Prescriber Authorization
<input type="checkbox"/> PE	(25)	Patient Education			
<input type="checkbox"/> R0	(29)	R.Ph. Consult Other Contacted			

Result of action

<input type="checkbox"/> 1C	(12)	Filled, Different Dose	<input type="checkbox"/> 2A	(30)	NOT Filled
<input type="checkbox"/> 1D	(13)	Filled, Different Directions	<input type="checkbox"/> 3K	(85)	Instructions Understood
<input type="checkbox"/> 1E	(14)	Filled, Different Drug	<input type="checkbox"/> 3M	(80)	Compliance Aid Developed (Distribution System)
<input type="checkbox"/> 1F	(15)	Filled, Different Quantity			
<input type="checkbox"/> 1K	(18)	Filled, Dose Form Change			

Level

<input type="checkbox"/> 11	0 through 5 minutes
<input type="checkbox"/> 12	6 through 15 minutes
<input type="checkbox"/> 13	16 through 30 minutes
<input type="checkbox"/> 14	31 through 60 minutes
<input type="checkbox"/> 15	61+ minutes

Use alphanumeric values for real-time and paper claims. Pharmaceutical Care cannot be billed through electronic media claims.